## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000003614

**Entity Name: OLD GUARD INSURANCE COMPANY** 

**Current Principal Place of Business:** 

ONE PARK CIRCLE PO BOX 5001

WESTFIELD CENTER, OH 44251-5001

## **Current Mailing Address:**

ONE PARK CIRCLE PO BOX 5001 WESTFIELD CENTER, OH 44251-5001 US

FEI Number: 23-0929640 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FL DEPARTMENT OF FINANCIAL SERVICES 200 EAST GAINES STREET TALLAHASSEE, FL 32399 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Mar 03, 2023

**Secretary of State** 

9501089253CC

Officer/Director Detail:

PRESIDENT, DIRECTOR Title Title **TREASURER** 

LARGENT, EDWARD J. III KOHMANN, JOSEPH C Name Name

Address ONE PARK CIRCLE Address ONE PARK CIRCLE

PO BOX 5001 PO BOX 5001

WESTFIELD CENTER OH 44251-5001 WESTFIELD CENTER OH 44251-5001 City-State-Zip:

Title **SECRETARY** Title **DIRECTOR** 

CARRINO, FRANK BUFKIN, BARBARA Name Name ONE PARK CIRCLE ONE PARK CIRCLE Address Address

PO BOX 5001 PO BOX 5001

WESTFIELD CENTER OH 44251-5001 WESTFIELD CENTER OH 44251-5001 City-State-Zip: City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.